Sample Health Risk Assessment:

Member Name:______________________________
Member# :_________________________________

Health Risk Assessment

Demographic Information:

Date: ________________

First Name: ___________________________ Last Name: ______________ _______________________

Mailing Address: ____

City: _______________________________________ State: ____________ Zip:__________________

Home/Work Phone# ____________Cell #

E-mail:____ ☐ Work ☐ Home

Date of Birth: _____/ ______ / ______ Gender: ☐ Male ☐ Female

Member ID:____

Medication Information:

EXAMPLE

*Medication Name :	Bayer Aspirin		
*Strength :	325 mg	*How many times a day do you take this medication? :	2
*Form :	Tablet	*Date Filled :	1/12/2008
*Quantity :	100		
Refills Remaining :	0	Your Cost :	$13.95

Example Strengths : 325 mg, 5 mL
Example Forms : Ampul, Capsule, Drops, Liquid, Lotion, Lozenge, Powder, Syrup, Tablet, Vial, ect.

Note: If you have more than 4 medications, please make multiple copies of this page.

*Medication Name :			
*Strength :		*How many times a day do you take this medication? :	
*Form :		*Date Filled :	
*Quantity :			
Refills Remaining :		Your Cost :	

*Medication Name :			
*Strength :		*How many times a day do you take this medication? :	
*Form :		*Date Filled :	
*Quantity :			
Refills Remaining :		Your Cost :	

*Medication Name :			
*Strength :		*How many times a day do you take this medication? :	
*Form :		*Date Filled :	
*Quantity :			
Refills Remaining :		Your Cost :	

*Medication Name :			
*Strength :		*How many times a day do you take this medication? :	
*Form :		*Date Filled :	
*Quantity :			
Refills Remaining :		Your Cost :	

Member Name:_____

Member# :_____

Personal Health Information

Which of the following statements are true? (check all that apply)

- ☐ I have had a heart attack, angioplasty, stent or heart bypass surgery.
- ☐ I have blockage or have had surgery for blockage in my carotid (neck) artery(ies)
- ☐ I have blockage or have had surgery for blockage in the arteries in my legs.
- ☐ I have had a stroke or transient stroke.

Have you ever been told you have any of the following conditions? (Check all that apply)

- ☐ Asthma
- ☐ Chronic Pain
- ☐ COPD (Chronic Obstructive Pulmonary Disease)
- ☐ Sickle Cell Anemia
- ☐ Coronary Artery Disease
- ☐ Congestive Heart Failure
- ☐ Hypertension (high blood pressure)
- ☐ Seasonal allergies
- ☐ Acid reflux or 'heartburn'
- ☐ Arthritis/Rheumatism
- ☐ Diabetes Mellitus
- ☐ Borderline Diabetes
- ☐ Depression
- ☐ Organ Transplant
- ☐ Kidney Problems
- ☐ (Female) Cervical Cancer
- ☐ Atrial Fibrillation
- ☐ Colon Cancer
- ☐ (Female) Breast Cancer
- ☐ Lung Cancer
- ☐ (Male) Prostate Cancer
- ☐ Skin Cancer
- ☐ Other Cancer
- ☐ Hyperlipidemia

Do you take any of the following medications or supplements regularly? (check all that apply)

- ☐ Aspirin.
- ☐ Multi-Vitamin.
- ☐ Calcium Supplements.
- ☐ Anti-inflammatory (Motrin/Ibuprofen, Advil, Aleve, Naprosyn).
- ☐ Allergy Remedy (Claritin, Dimetapp, Benadryl).
- ☐ (Female) Estrogen (hormone replacement therapy) for over 5 years.

Select your ethnicity:

☐ African American ☐ Hispanic ☐ Asian ☐ Caucasian ☐ Other

Which statement best describes your overall health?

- ☐ My daily activities are significantly limited by my health.
- ☐ I am frequently ill and often miss out on activities I used to enjoy.
- ☐ Occasionally I am ill and this affects my activities somewhat.
- ☐ I usually feel well, my health rarely limits my activities.
- ☐ I am in excellent health, rarely ill and able to do all activities I enjoy.

(Female) Are you currently pregnant or planning to become pregnant within the next 12 months?

☐ No ☐ Yes, currently pregnant. ☐ Yes, planning pregnancy.

Member Name:_____

Member# :_____

Health Risk Assessment

Know Your Numbers

Height _____**ft.** _____**in.** ☐ **I Don't Know** **Date:** __/___/_____*

Weight _____lbs. ☐ I Don't Know Date: ___/___/_____*

Waist Size _____ in. ☐ I Don't Know Date: ___/___/_____*

Avg. Blood Pressure _____/ _____ ☐ **I Don't Know** **Date:** __/___/_____*

Total Cholesterol _____**mg/dL** ☐ **I Don't Know** **Date:** __/___/_____*

LDL Cholesterol _____**mg/dL** ☐ **I Don't Know** **Date:** __/___/_____*

HDL Cholesterol _____**mg/dL** ☐ **I Don't Know** **Date:** __/___/_____

Triglycerides _____**mg/dL** ☐ **I Don't Know** **Date:** __/___/_____*

HbA1c (diabetes only) _____**%** ☐ **I Don't Know** **Date:** __/___/_____*

Fasting Glucose Level _____**mg/dL** ☐ **I Don't Know** **Date:** __/___/_____*

Non-Fasting Glucose Level _____**mg/dL** ☐ **I Don't Know** **Date:** __/___/_____*

Pulmonary Function (FEV1) (COPD only) _____**mg/dL** ☐ **I Don't Know** **Date:** __/___/_____*

If you answered "I don't know" for blood pressure, please select an appropriate answer below:

☐ **I know that my blood pressure is too high.**
☐ **I think my blood pressure is a little high.**
☐ **I think my blood pressure is OK.**
☐ **I have no idea what my blood pressure is.**

If you answered 'I don't know' to all 3 cholesterol questions, please select an appropriate answer below:

☐ **I take medication for my cholesterol, but it is still too high.**
☐ **I have been told that my cholesterol is high, but I am not taking medication for it.**
☐ **I take medication for my cholesterol and this keeps it in the normal range.**
☐ **I think my cholesterol has always been OK.**
☐ **I have no idea what my cholesterol levels are.**

If you have COPD and answered 'I don't know' for Pulmonary Function Test, please answer the following:

☐ **Mild/Stage I -- symptoms usually are minimally present. There is some cough, but very little shortness of breath.**
☐ **Moderate/Stage II -- Breathlessness with some wheezing when I moderately increase my activity level. A productive cough is usually present.**
☐ **Severe/Stage III -- Shortness of breath with any increase in activity. Wheezes and coughing are frequent.**
☐ **Very Severe/Stage IV -- Shortness of breath at rest. Wheezes and coughing are frequent.**

Member Name:_____

Member# :_____

Health Risk Assessment

Tests/Exam Dates

Male) Prostate Examination	**☐ I Don't Know /Not Taken**	**Date: __/___/_____***
Female) Mammogram	**☐ I Don't Know /Not Taken**	**Date: __/___/_____***
(Female) PAP Smear	**☐ I Don't Know /Not Taken**	**Date: __/___/_____***
Colon Cancer Screening	**☐ I Don't Know /Not Taken**	**Date: __/___/_____***
Flu Vaccine (age >50)	**☐ I Don't Know /Not Taken**	**Date: __/___/_____***
Pneumonia Vaccine (age >65)	**☐ I Don't Know /Not Taken**	**Date: __/___/_____***
Eye Exam (diabetes only)	**☐ I Don't Know /Not Taken**	**Date: __/___/_____***
Foot Exam (diabetes only)	**☐ I Don't Know /Not Taken**	**Date: __/___/_____***
Echocardiogram (heart failure, CAD only)	**☐ I Don't Know /Not Taken**	**Date: __/___/_____***
Microalbumin, Spot Urine (diabetes only)	**☐ I Don't Know /Not Taken**	**Date: __/___/_____***
Microalbumin, Timed Urine (diabetes only)	**☐ I Don't Know /Not Taken**	**Date: __/___/_____***
Microalbumin, 24 HR Urine (diabetes only)	**☐ I Don't Know /Not Taken**	**Date: __/___/_____***

(Date: ___/___/_____* Please use the following format: 06/21/2007. If the exact date is unknown, please specify the year of the result or test. The date of 01/01/year will be entered and will appear on until more information is known.

How much activity do you get in the average week?

☐ Minimal activity such as walking around the house and shopping slowly on most days of the week.

☐ Light activity such as walking a half of a block or going shopping briskly at least three times a week.

☐ Light or Moderate activity such as walking or riding a bike for 20-30 minutes at least three times a week.

☐ Moderate (walking or riding a bike) or high-moderate activity like 30 minutes of hiking, brisk walking or swimming between 5-7 times a week.

☐ Vigorous activity such as over 30 minutes of high intensity exercise like running and stair climbing between 5-7 times a week.

If you have been diagnosed with CHF (Congestive Heart Failure), please answer the following :

How much physical activity can you do before you get short of breath, chest pain, or fatigued?

☐ Walk across the room.

☐ Climb one flight of stairs or walk about a block.

☐ Walk two or more blocks, or climb several flights of stairs.

☐ I am limited by joint or leg pain, NOT by shortness of breath or fatigue.

The USDA recommends three servings of fruit, vegetables and milk products (yogurt, cheese) every day. How often do you eat the recommended daily amounts?

☐ I rarely eat the recommended servings.

☐ One to three times a week.

☐ Three to five times a week.

☐ Almost every day.

The USDA states that some foods such as fats, oils and sweets, provide calories but have little nutritional value. How often do you limit your intake of these foods during an average day?

☐ I rarely limit my intake.

☐ I sometimes limit my intake.

☐ I usually limit my intake.

☐ I always limit my intake.

Member Name:_____

Member# :_____

Health Risk Assessment

The USDA recommends a total of 6-9 servings of bread, cereal, rice and pasta every day. How often do you eat the recommended amounts during an average day?

- ☐ **I rarely eat the recommended servings.**
- ☐ **One to three times a week.**
- ☐ **Three to five times a week.**
- ☐ **Almost every day.**

Which statement best describes your alcohol intake? (1 drink = 1 glass of wine, 1 beer, or 1 average mixed drink)

- ☐ **I usually drink 30 or more alcoholic drinks per week.**
- ☐ **I usually drink 14 to 30 alcoholic drinks per week.**
- ☐ **I usually drink 7 to 14 alcoholic drinks per week.**
- ☐ **I drink less than 7 alcoholic drinks per week.**
- ☐ **I don't drink alcohol.**

Within the last 6 months, have you used someone else's prescription medications or your own prescription medications different than prescribed by your doctor?

- ☐ **Yes**
- ☐ **No**

Do you smoke cigarettes?

- ☐ **No, I have never smoked cigarettes.**
- ☐ **No, I quit smoking over 5 years ago.**
- ☐ **No, I quit smoking less than 5 years ago.**
- ☐ **Yes, I currently smoke cigarettes.**

[if you answered 'Yes, I currently smoke' or 'No, I quit smoking' to the above question, please answer the following two questions.]

How many packs do/did you smoke per day?

- ☐ **Less than 1.**
- ☐ **About 1.**
- ☐ **Between 1 and 2.**
- ☐ **2 or more.**

How long have you smoked? — or— How long did you smoke?

- ☐ **Less than 10 years.**
- ☐ **10 to 15 years.**
- ☐ **16 to 20 years.**
- ☐ **Over 20 years.**

Over the past two weeks have you ever felt down, depressed or hopeless?

- ☐ **Yes**
- ☐ **No**

Over the past two weeks have you felt little interest or pleasure in doing things?

- ☐ **Yes**
- ☐ **No**

Which statement best describes your overall stress level?

- ☐ **I have a very stressful life. There are many parts of my life that are very stressful.**
- ☐ **I am frequently stressed. There are a few parts of my life that are very stressful.**
- ☐ **I occasionally feel stress. I have a few parts of my life that still stress me.**

Member Name:_____

Member# :_____

Health Risk Assessment

Have you engaged in unprotected sex with more than one partner within the last 6 months?

☐ **Yes** ☐ **No**

(If you have Congestive Heart Failure please answer the following two questions)

How confident are you about the lifestyle changes you have to make after diagnosis of Congestive Heart Failure? (Following the recommended salt and fluid restrictions, signs of fluid overload and medications you take for Congestive Heart Failure)

☐ **Not at all confident.** ☐ **Slightly confident.** ☐ **Fairly confident.** ☐ **Very confident.**

[If you have 'Hypertension (high blood pressure)' or 'Congestive Heart Failure' please answer the following question.)

The American Heart Association recommends an intake of less than 2,000 to 2,400 mg of salt or sodium a day. How often do you limit your intake to the recommended amounts during an average day?

☐ **I rarely limit my intake.**

☐ **One to three times a week.**

☐ **Three to five times a week.**

☐ **Almost every day.**

[If you have 'Diabetes Mellitus' or 'Borderline Diabetes', please answer the following question.]

The American Diabetes Association recommends diets rich in complex carbohydrates (whole grains), fruits, vegetables and fiber. Diabetics should limit simple carbohydrates (white bread and rice), simple sugars, and saturated fats (butter, whole milk, red meat, fried foods). How often do you eat the recommended diet during an average day?

☐ **I rarely eat the recommended servings.**

☐ **One to three times a week.**

☐ **Three to five times a week.**

☐ **Almost every day.**

How many hours of sleep do you usually get a night?

☐ **6 or less.** ☐ **7** ☐ **8** ☐ **9 or more.**

How often do you buckle your seat belt when you drive or ride in a motor vehicle?

☐ **Always (100% of the time)**

☐ **Usually (at least 75% of the time)**

☐ **Sometimes (25% to 75% of the time)**

☐ **Seldom or never (less than 25% of the time)**

On average, how close to the speed limit do you usually drive?

☐ **Within 5 mph of the speed limit.**

☐ **6-10 mph over the speed limit.**

☐ **11-15 mph over the speed limit.**

☐ **More than 15 mph over the speed limit.**

(If you have 'ASTHMA', please answer the following four questions.)

In the past three months, how often did you use your rescue inhaler (albuterol) for asthma?

☐ **Almost daily** ☐ **Weekly**

☐ **Monthly** ☐ **Less than monthly**

☐ **Never**

Member Name:_____

Member# :_____

Health Risk Assessment

In the past three months, how often did you have trouble sleeping through the night due to coughing attacks, shortness of breath, or sneezing?

- ☐ **Almost daily**
- ☐ **Weekly**
- ☐ **Monthly**
- ☐ **Less than monthly**
- ☐ **Never**

In the past three months, how often did cold weather, dust, pollen, or pets make your breathing difficult?

- ☐ **Almost daily**
- ☐ **Weekly**
- ☐ **Monthly**
- ☐ **Less than monthly**
- ☐ **Never**

In the past year, how often did you make emergency visits to a doctor or an emergency facility because of your breathing problems?

- ☐ **Weekly**
- ☐ **Monthly**
- ☐ **Once every three months**
- ☐ **Once**
- ☐ **Never**

If you have 'COPD', please answer the following seven questions.

What activity causes you to have shortness of breath (dyspnea)?

- ☐ **I only get short of breath with strenuous exercise (Grade 0)**
- ☐ **I get short of breath when I am hurrying on level ground or walking up a slight incline (Grade 1).**
- ☐ **I get short of breath when I try to walk as fast as other people who are my age (Grade 2).**
- ☐ **I get short of breath after walking a few minutes on level ground (Grade 3).**
- ☐ **I am too short of breath to leave the house or dress and undress myself (Grade 4).**

Do you know how to manage your COPD symptoms (e.g. Respiratory infection, increased or thickened mucous)?

- ☐ **Always**
- ☐ **Sometimes**
- ☐ **Never**

Are you on oxygen?

- ☐ **No, I am not on oxygen**
- ☐ **I use oxygen when I exercise**
- ☐ **I use oxygen at night**
- ☐ **I use supplemental oxygen most of the time (> 15 hours)**
- ☐ **I use oxygen all the time**

Do you currently use inhaler medications either regularly or as needed for your breathing symptoms?

- ☐ **Yes, I routinely use bronchodilators.**
- ☐ **Yes, I use bronchodilators when I need them.**
- ☐ **No, I do not use them currently (former user).**
- ☐ **No, I never used bronchodilators.**

Have you been instructed about how to use your inhaler properly?

- ☐ **Yes**
- ☐ **No**

Member Name:_____

Member# :_____

Health Risk Assessment

Are you currently taking steroid pills or a steroid inhaler for your COPD?

- ☐ **Yes, I am currently taking both oral and inhaled steroids.**
- ☐ **Yes, inhaled steroids, but not oral steroids now, but I frequently take oral steroids for an exacerbations.**
- ☐ **Yes, inhaled steroids only.**
- ☐ **Neither oral nor inhaled steroids.**

Have you been treated on an emergency basis or hospitalized for a flare up of your COPD in the past year?

- ☐ **No, I have not been treated in the past year for my COPD on an emergency basis**
- ☐ **Yes, I have been treated once in the ER or a doctor's office for my COPD**
- ☐ **Yes, I have been treated more than once in the ER or a doctor's office for my COPD**
- ☐ **Yes, I have been admitted to the hospital overnight once in the past year for my COPD**
- ☐ **Yes, I have been admitted to the hospital overnight more than once in the past year for my COPD**

Work Productivity and Activity Impairment

Are you currently employed (working for pay)?

- ☐ **Yes**
- ☐ **No**

The next questions are about the past seven days, not including today.

During the past seven days, how many hours did you miss from work because of your health problems? Include hours you missed on sick days, times you went in late, left early, etc., because of your health problems. Do not include time you missed to participate in this study.

Hours_____

During the past seven days, how many hours did you miss from work because of any other reason, such as vacation, holidays, time off to participate in this study?

Hours_____

During the past seven days, how many hours did you actually work?

Hours_____

During the past seven days, how much did your health problems affect your productivity while you were working?

Hours_____

Member Name:_____

Member# :_____

Health Risk Assessment

Think about days you were limited in the amount or kind of work you could do, days you accomplished less than you would like, or days you could not do your work as carefully as usual. If health problems affected your work only a little, choose a low number. Choose a high number if health problems affected your work a great deal.

Select a number:

- ☐ **0 Health problems had no effect on my work**
- ☐ **1**
- ☐ **2**
- ☐ **3**
- ☐ **4**
- ☐ **5**
- ☐ **6**
- ☐ **7**
- ☐ **8**
- ☐ **9**
- ☐ **10 Health problems completely prevented me from working**

During the past seven days, how much did your health problems affect your ability to do your regular daily activities, other than work at a job? ***By regular activities, we mean the usual activities you do, such as work around the house, shopping, childcare, exercising, studying, etc. Think about times you were limited in the amount or kind of activities you could do and times you accomplished less than you would like. If health problems affected your activities only a little, choose a low number. Choose a high number if health problems affected your activities a great deal.***

Select a number:

- ☐ **0 Health problems had no effect on my daily activities**
- ☐ **1**
- ☐ **2**
- ☐ **3**
- ☐ **4**
- ☐ **5**
- ☐ **6**
- ☐ **7**
- ☐ **8**
- ☐ **9**
- ☐ **10 Health problems completely prevented me from working**

Member Name:_____

Member# :_____

Health Risk Assessment

Readiness to Change

The following questions are designed to determine your readiness to change. In this section, please indicate how ready are you to address each of the following categories (choose the answer that fits you the best)

Nutrition - Take steps to improve what and how much I eat

- ☐ **I am really not thinking about changing now.**
- ☐ **I am thinking about making this change.**
- ☐ **I am preparing to make this change.**
- ☐ **I have achieved or nearly achieved this and want to maintain it.**
- ☐ **I have done this before, but now I need to start over again.**

Weight - Take steps to begin managing my weight better

- ☐ **I am really not thinking about changing now.**
- ☐ **I am thinking about making this change.**
- ☐ **I am preparing to make this change.**
- ☐ **I have achieved or nearly achieved this and want to maintain it.**
- ☐ **I have done this before, but now I need to start over again.**

Physical Activity - Begin incorporating activity/exercise into my life

- ☐ **I am really not thinking about changing now.**
- ☐ **I am thinking about making this change.**
- ☐ **I am preparing to make this change.**
- ☐ **I have achieved or nearly achieved this and want to maintain it.**
- ☐ **I have done this before, but now I need to start over again.**

Smoking (answer if you are or have been a smoker) - Take steps to quit smoking.

- ☐ **I am really not thinking about changing now.**
- ☐ **I am thinking about making this change.**
- ☐ **I am preparing to make this change.**
- ☐ **I have achieved or nearly achieved this and want to maintain it.**
- ☐ **I have done this before, but now I need to start over again.**